











# Search User

Please	earch for a user with the criteria below or click 'Add a Ne User' to begin a new user profile.
	First Name:
	Last Name:
	Username:
	Institution:







Please select a School Group to Manage.

Group Name











MAUDIT HOME A MY PROFILE ○ SEARCH ☐ TEAM QUEUE ☐ REPORTS ☑ LOGOUT



# Submission Summary

- Financial Statements
- Compliance Audit Completeness Checklist
- View Attachments
- 6 Financial Statement QC
- Compliance Audit QC

#### COMPLET E

- Determination For FS
- Score Calculation
- Other LOCs
- Manage Auditor Information
  - SEND TO CO-TEAM LEADER

#### VIE W

- PADL
- FAD
- \* ACD
- \* DDIF
- Findings Codes
- Manage Auditor Information
- \* Correspondence Log
- Notes

## Incomplete Submission Letter

#### » PROPRIETARY SCHOOL

OPEID:10000010 • ACN:01-2002-31195 • FYE Date:10/31/2002

#### UNITED STATES DEPARTMENT OF EDUCATION Federal Student Aid - Schools Channel

**Printer-Friendly Version** 

Case Management and Oversight Data Management and Analysis

eZ-Audit

MM/DD/YYYY (Current Date) OPE ID: XXXXXXXX

Mr. John Doe President

Institution Name

Institution Address 1

Institution Address 2

City, State, ZIP

Dear Mr. Doe:

President

Institution Name

Institution Address 1

Institution Address 2

City, State, ZIP

Dear Mr. Doe:

We have received your financial statements and compliance audit (audit) submission for the fiscal year ended MM/DD/YYYY (School FYE). We have determined that your submission is incomplete for the following reason(s)

#### Financial Statement

- The Financial Statement Independent Auditors Report is missing.
- The Financial Statements Report on Compliance and Internal Controls is not dated.

Date should be added on the Financial Statements Report on Page 7.

#### Compliance Audit

- The Schedule of Findings and Questioned Costs is missing.
- The Corrective Action Plan PDF is not viewable.
- The following field(s)do not agree with your PDF. Page Name XXXXXX, YYYYYYY; Page Name XXXXXX

Pages 2-3 of the Corrective Action plan PDF display an error message.

Please make the necessary revisions to your financial statements and/or compliance audit submission and resubmit within 15 days via <u>eZ</u>-Audit at <u>www.ezaudit ed.gov</u>. If you have any questions, please contact the <u>eZ</u>-Audit Help Desk at 877-263-0780.

The Institution should note that until an acceptable submission is received it is not in compliance with Section 668.23 of the Student Assistance General Provision regulations. Failure to comply with Section 668.23 could result in penalties noted in Subpart G - Fine, Limitation, Suspension and Termination Proceedings of the regulations. Your immediate attention to this matter is greatly appreciated.

Thank you for your cooperation.

Sincerely

Ti Baker eZ-Audit Team

Data Management and Analysis/CMO

By selecting the accept button, the incomplete submission letter will be posted and the school will be notified once both portions of the submission are reviewed.



REJECT



# **EZ** AUDIT





Group	Page		
-------	------	--	--

Name:							
Audit Type:	Conso	lidated	O Un	consolidated			
2-Year:							
Street Address:							
City:							
State:							
Zip:							
Phone Number:							
NEW ENTI	RY						
OPEID:				ADD ENTRY			
CURRENT	GROUP	ENTRIES					
2 Lo	cator	OPEID	Name		Begin Date	End Date	FYE Date

SAVE

CANCEL



MAUDIT HOME ANY PROFILE SEARCH TEAM QUEUE REPORTS IN LOGOUT



# Submission Summary

- Financial Statements
- Compliance Audit
- Completeness Checklist
- View Attachments
- Financial Statement QC
- Marce Audit QC

# COMPLETE

- Determination For FS
- Score Calculation
- Other LOCs
- Manage Auditor Information
  - SEND TO CO-TEAM LEADER

### VIE W.

- PADL
- FAD
- \* ACD
- DDIF
- Findings Codes
- Manage Auditor Information
- Correspondence Log
- Notes

# Correspondence Log

# » Proprietary School • OPEID 10000001

- FYE Date:10/31/2002
- · Submission Status: INCOMPLETE
- ACN:01-2002-31195

# MINISTRUTION INFO OPEID:10000001 DUNS: ACN: Fiscal Year: 10/31/2002 Institution Type: Proprietary Submission Type: Annual

School Group:

TYPE:	Select a Type	
DATE:		
ECIPIENT:	Select a Recipient	V
STATUS:	Select a Status	
OMMENTS:		

### **EXISTING ENTRIES:**

ТҮРЕ	DATE	RECIPIENT	STATUS	COMMENTS	ВΥ
Incomplete Submission Letter	12/02/2003	Case Management and Oversight	Posted	Auto- generated by QC	ars01
Incomplete Submission Letter	12/05/2003	School	Viewed	Auto- generated	ars01











101 University Street









# Group Page

**Audit Type:** 

Name:

School Group #1

Consolidated

Unconsolidated

2-Year:

Street Address:

City:

School City

State:

School State

Zip:

12345

**Phone Number:** 

(321) 123-4567

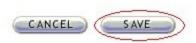
**NEW ENTRY** 

OPEID:

ADD ENTRY

### CURRENT GROUP ENTRIES

	The second secon	Committee of the Commit					
T	Locator	OPEID	Name	Begin Date	End Date	FYE Date	
	•	11223300	University of Test 1	11/30/2003		12/31	DELETE
	C	11223400	University of Test 2	11/30/2003		12/31	DELETE
	0	11223500	University of Test 3	11/30/2003		12/31	DELETE











Resubmit FYE 10/31/2002
 Annual Sumission

# OTHER SUBMISSIONS

- Create Merger/Change in Ownership Submission
- Change Fiscal Year End Date
- Create Exemption/Waiver Request Submission
- Create Initial Application
   Submission
- Create Closeout Audit
   Submission
- Create Reinstatement Submission
- Create Stub Audit Submission
- Submit Additional Information

VIEW HISTORICAL SUBMISSIONS

## **ADMINISTRATION**

- Update My User Profile
- View Institution Profile

#### OTHER LINKS

- Dept. of Education
- Schools Portal

# Home Page

» Proprietary School OPEID: 10000001

#### WINDSHIP ICATIONS

- Your Fiscal Year end 10/31/2003 Annual Submission is due on 4/30/2004.
- Your FYE 10/31/2002 Annual Submission submitted on 3/28/2003 11:15:35 is incomplete. <u>Click here to view the</u> Incomplete Letter













Text to Confirm addition of the group by the User. This states that the "Edit" button returns the user to the School Group Page allowing the user to continue to edit the group and the "Accept" button adds the group to theeZ-Audit system.

Group Page

Name: School Group #1 Street Address: 101 University Street

Audit Type: Consolidated

City: **School City** 

2-Year: NO

State: School State

Zip: 12345

Phone Number: (321) 123-4567

#### CURRENT GROUP ENTRIES

OPEID	Name	Begin Date	End Date	FYE Date
11223300	University of Test 1	11/30/2003		12/31
11223400	University of Test 2	11/30/2003		12/31
11223500	University of Test 3	11/30/2003		12/31
	11223300	OPEID Name  11223300 University of Test 1  11223400 University of Test 2  11223500 University of Test 3	11223300 University of Test 1 11/30/2003 11223400 University of Test 2 11/30/2003	11223300 University of Test 1 11/30/2003 11223400 University of Test 2 11/30/2003



EDIT



# AUDIT





# Search Institutions

This page will allow you to search for a particular institution record by using the following search criteria. Please enter as much or as little information as desired, but one of the fields must be populated.

#### Please note the following:

- Any fields left blank will return all data for that particular field.
- All fields are wildcard searches, for example: Entering a 'w' without the quotes into the institution name field will return all institutions with a 'w' in the name. For more precise searches, please enter as much information as possible.

OPEID:	
Institution Name:	
City:	
State:	
Province:	
Country:	
Case Team: All	
Type of Institution: All	
Type of Submission: All	
Submission Reason: All	Drop-Down options are
Submission Status:	"complete" (default), "incomplete," and "all."
Fiscal Year End: / / /	

Total # of Results Returned: 0







Please select a School Group to Manage.

School Group #1

ADD

**EDIT** 

DISPLAY

DELETE





# Search Institutions

This page will allow you to search for a particular institution record by using the following search criteria. Please enter as much or as little information as desired, but one of the fields must be populated.

#### Please note the following:

- Any fields left blank will return all data for that particular field.
- All fields are wildcard searches, for example: Entering a 'w' without the
  quotes into the institution name field will return all institutions with a 'w' in
  the name. For more precise searches, please enter as much information as
  possible.

OPEID:	
Institution Name:	
City:	
State:	
Province:	
Country:	
Case Team:	Team 5 💌
Type of Institution:	All
Type of Submission:	All
Submission Reason:	All
Submission Status:	All 🔻
Fiscal Year End:	
CPA Name:	

Total # of Results Returned: 4

INSTITUTION	OPEID	YEAR END	TEAM	CPA NAME	SUBMISSION REASON	INSTITUTION TYPE	SUBMISSION TYPE	SUBMISSION Status
Proprietary School	10000001	10/31/2002	5	David A & Levy, CPA, P.C	Annual	Proprietary	Compliance Audit	Complete
Proprietary School	10000001	10/31/2002	5	David A & Levy, CPA, P.C	Annual	Proprietary	Financial Statement	Complete
Proprietary School	10000001		5		Merger/Change in Ownership	Proprietary	Financial Statement	Incomplete
Proprietary School	10000001		5		Merger/Change in Ownership	Proprietary	Financial Statement.	Incomplete















Name: School Group #1 Street Address:

101 University Street

**Audit Type:** Consolidated City: **School City** 2-Year: NO

State: **School State** 

> Zip: 12345

Phone Number: (321) 123-4567

## CURRENT GROUP ENTRIES

ocator	OPEID	Name	Begin Date	End Date	FYE Date
X	11223300	University of Test 1	11/30/2003		12/31
	11223400	University of Test 2	11/30/2003		12/31
	11223500	University of Test 3	11/30/2003		12/31







MAUDIT HOME 

MY PROFILE 

SEARCH 

REPORTS 

LOGOUT

LOGOUT

OUT

LOGOUT

LOGO



#### Submission Summary

- Financial Statements
- Compliance Audit
- Completeness Checklist
- View Attachments
- Financial Statement QC
- Compliance Audit QC
  - Correspondence Log
  - Notes

# Submission Summary

# » Proprietary School OPEID:10000001

- ACN:01-2002-31195
- FYE Date: 10/31/2002
- Submission Status: INCOMPLETE

Link to Incomplete Letter

# PINSTITUTION INFO

OPEID: 10000001

DUNS:

ACN: 01-2003-41251

Fiscal Year: 10/31/2002

Date Submission Received: 10/10/2003

Title IV Eligibility Status: Y

All Submissions Current: Yes

Missing Submissions:



#### FINAN CIAL STATEMENT

Financial Analyst:

Resolution Due Date:

Composite Score of failed Violation of Debt Agreement Disclosure in notes Change in Auditor Going concern disclosure in notes Contingent Liabilities

Reason for Flagging:

disclosure in notes Income Recognition disclosure in notes Late Refunds disclosure in Notes ED Compliance Issue disclosure in notes Re-Submission

#### Years in Zone:

Total: 0

Consecutive: 0

eZ-Audit Composite Score: 0.3

ED Composite Score: 0,0

Determination:

**Determination Date:** 

Completeness Status: Screened - Complete

Pre-Screener: Pre Screener

Screen Date: 10/10/2003



# COMPLIANCE AUDIT

Compliance Audit Specialist:

Resolution Due Date: 04/07/2004

Reason for Referral: Re-Submission

Completeness Status: Screened Incomplete

Pre-Screener: Pre Screener

Screen Date: 10/10/2003





AUDIT HOME 
 AUTHORITE 
 AUTHORITE 
 AUTHORITE 
 SEARCH 
 REPORTS 
 IN LOGOUT 
 AUTHORITE 
 AUTHORITE 



- 1 Submission Summary **2** Financial Statements 3 Compliance Audit Completeness Checklist 5 View Attachments 6 Financial Statement QC Z Compliance Audit QC Correspondence Log

  - <u>Notes</u>

Comp	liance Audit QC		
	ietary School ID:10000005		
	SUBMISSION QUALITY	inner an august de august lu 2	W 6 N- 0
	the Compliance Audit quest hich questions were incorrect?	ions answered correctly:	Yes @ No C
(user m	ay select more than one)	_	
	1: FSEOG 84.007: Audited 1: FSEOG 84.007: Closeout	<u></u>	
- 1	1: FFELP 84.032: Audited		ADD
	1: FFELP 84.032: Closeout		
L	1: FWS 84.033: Audited	<u></u>	
Notes:			
69/10	VALIDATE CHECKLIST/PDF	and the second	
	the Checklist contain valid a		Yes ⊙ No C
If no, wh	hich questions were invalid?		
(user m	ay select more than one)  2.Servicer Information Sheet		
	2. Auditor Information Sheet	i	
	2.Summary Schedule A		ADD
	2.Summary Schedule B 2.Summary Schedule C		
	II attached PDFs viewable?		Yes <sup>®</sup> No <sup>©</sup>
	which are not viewable? nay select more than one)		
	See Design Doc for	<u> </u>	
	Listbox Options		ADD
			ADD
3. Are a	III required documents attac	hed?	Yes ⊙ No ○
	hich attachments are missing?	V4-V(58)	
(user m	nay select more than one)		
	See Design Doc for Listbox Options		
			ADD
4. Are a	III required attachments pro	nerly presented?	Yes ⊙ No O
	hich attachments are not prese	- 1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	
	ay select more than one)		
	See Design Doc for Listbox Options		
			ADD
	_		
Notes:			
	F		
Comm	ents (To Display on Incomp	lete Letter)	
		•	_
			•
67	DECISION / OUT COME		
eZ-Aud	it recommended decision:	Complete	
System	m generated value)		
	riag: eteness Status:	Flagged	^
(QC Us	ser determination)	Complete © Incomplete	9.0
	al to Case: applicable if Complete and Non-	Select a Reason 🔻	
Flagged)		Soloti a (teasoli	
			A
	Notes	:	
			-
	6.00	Commen	_
	SAVE	SUBMIT	
» QC Re	viewers	Last Mod By:	







Please select a School Group to Manage.

School Group #1

ADD



DISPLAY

DELETE



# 



- 1 Submission Summary
  2 Financial Statements
  3 Compliance Audit
  4 Completeness Checklist
  5 View Attachments
  6 Financial Statement QC
  7 Compliance Audit QC

   Correspondence Log
   Notes
- Financial Statement QC » Proprietary School • OPEID:10000005 SUBMISSION QUALITY 1. Were the Financial Statement questions answered Yes @ No O correctly? If no, which questions were incorrect? (user may select more than one) 2.Begin Date: 2.End Date: 2.Reason if Less than 1 Year: 3.Is this information correct?: 3.Enter Auditors TIN: Notes: VALIDATE CHECKLIST/PDF 1. Does the Checklist contain valid answers? Yes @ No O If no, which questions were invalid? (user may select more than one) 1.Balance Sheet 1.Income Statement ADD 1. Change in Equity 1.Cash Flows Statement 1.Consolidated Statements Yes @ No O 2. Are all attached PDFs viewable? If no, which are not viewable? (user may select more than one) See Design Doc for Listbox Options ADD 3. Are all required documents attached? Yes @ No O If no, which attachments are missing? (user may select more than one) See Design Doc for Listbox Options ADD Yes @ No O 4. Are all required attachments properly presented? If no, which attachments are not presented properly? (user may select more than one) See Design Doc for **Listbox Options** ADD Notes: DATA ENTRY ANALYSIS 1. Balance Sheet/Statement of Position Cash and Cash Equivalents: Accounts Receivable - Student: Data Entry: Accounts Receivable - Employee: ADD Accounts Receivable - Related Parties - Secured: Accounts Receivable - Related Parties - Unsecured: Total Assets **Total Liabilities** Misclassification/ Equity ADD Treatment: Intangibles Unsecured Related Party Receivables 2. Income Statement/Statement of Activities Revenue: Tuition and Fees (less refunds and institutional scholarships): ADD Data Entry: Other: Non-Operating Income: Gains on Sale of Investments, net of losses: Total Expenses/Losses Total Revenues/Gains Misclassification/ ADD Treatment: 3. Cash Flow Net Cash Provided by (Used in) Operating Activities: Net Cash Provided by (Used in) Investing Activities: Data Entry: Net Cash Provided by (Used in) Financial Activities ADD Cash and Cash Equivalents at Beginning of Year: Net Cash Provided from [Used by] Operating Activities Net Cash Provided from [Used by] Investing Activities Misclassification/ Net Cash Provided from [Used by] Financing Activities ADD Notes: Comments (To Display on Incomplete Letter) COMPLETE SCORE CALCULATION Score Calculation (not required for flagged submissions) DECISION / OUT COME eZ-Audit recommended Complete decision: (system generated value) System Flag: Flagged Completeness Status: Complete © Incomplete C (QC User determination) Referral to Case: (only applicable if Complete -- Select a Reason -and Non-Flagged) Notes: SUBMIT SAVE » QC Reviewers Last Mod By:













Name:

School Group #1

Street Address:

101 University Street

Audit Type:

Consolidated

Unconsolidated

City:

School City

2-Year:

State:

School State

Zip:

12345

Phone Number:

(321) 123-4567

**NEW ENTRY** 

OPEID:

ADD ENTRY

# CURRENT GROUP ENTRIES

COMICE	iti oitooi	LITTICIES					
W.	Locator	OPEID	Name	Begin Date	End Date	FYE Date	
	•	11223300	University of Test 1	11/30/2003		12/31	REMOVE
	О	11223400	University of Test 2	11/30/2003		12/31	REMOVE
	0	11223500	University of Test 3	11/30/2003	12/15/2003	12/31	REMOVE





RESET











Name:

Street Address: School Group #1

City:

101 University Street

Audit Type: Consolidated Unconsolidated

State:

School City School State

2-Year:

Zip:

12345

Phone Number:

(321) 123-4567

### **NEW ENTRY**

OPEID:

ADD ENTRY

### CURRENT GROUP ENTRIES

To The	Locator	OPEID	Name	Begin Date	End Date	FYE Date	
	•	11223300	University of Test 1	11/30/2003		12/31	REMOVE
	0	11223400	University of Test 2	11/30/2003		12/31	REMOVE
		11223500	University of Test 3	11/30/2003	12/15/2003	12/31	

RESET







# CREATE ANNUAL SUBMISSIONS

 Create FYE 10/31/2003 Annual Submission

## OTHER SUBMISSIONS

- Resubmit your Closeout
   Submission originally submitted
   on 12/15/2003 11:25:20
- Create Merger/Change in Ownership Submission
- Change Fiscal Year End Date
- Create Exemption/Waiver Request Submission
- Create Initial Application
   Submission
- Create Closeout Audit
   Submission
- Create Reinstatement Submission
- Create Stub Audit Submission
- Submit Additional Information

VIEW HISTORICAL SUBMISSIONS

## **ADMINISTRATION**

- Update My User Profile
- View Institution Profile

#### OTHER LINKS

- Dept. of Education
- Schools Portal

# Home Page

» Proprietary School OPEID: 10000001

#### PROTIFICATIONS

- Your Fiscal Year end 10/31/2003 Annual Submission is due on 4/30/2004.
- Your Closeout Submission submitted on 12/15/2003 11:25:20 is incomplete. Click here to view the Incomplete Letter















School Group #1 Name:

Street Address:

101 University Street

**Audit Type:** Consolidated ○ Unconsolidated

City: School City

2-Year:

State:

School State

Zip:

12345

**Phone Number:** 

(321) 123-4567

**NEW ENTRY** 

OPEID:

ADD ENTRY

# CURRENT GROUP ENTRIES

<b>U</b> Locator	OPEID	Name	Begin Date	End Date	FYE Date	
•	11223300	University of Test 1	11/30/2003		12/31	REMOVE
0	11223400	University of Test 2	11/30/2003		12/31	REMOVE
0	11223600	University of Test 4			12/31	DELETE
	11223500	University of Test 3	11/30/2003	12/15/2003	12/31	



















Name:

School Group #1

Street Address:

101 University Street

Audit Type:

Consolidated

○ Unconsolidated

City:

School City School State

2-Year:

State:

Zip:

12345

Phone Number:

(321) 123-4567

**NEW ENTRY** 

OPEID:

ADD ENTRY

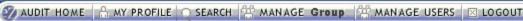
# CURRENT GROUP ENTRIES

iti oltool	EITHICIES		123	7	-53	
Locator	OPEID	Name	Begin Date	End Date	FYE Date	
•	11223300	University of Test 1	11/30/2003		12/31	REMOVE
С	11223400	University of Test 2	11/30/2003		12/31	REMOVE
	11223500	University of Test 3	11/30/2003	12/15/2003	12/31	
	Locator ©	● 11223300 ○ 11223400	Locator OPEID Name  11223300 University of Test 1	Locator         OPEID         Name         Begin Date           ●         11223300         University of Test 1         11/30/2003           ●         11223400         University of Test 2         11/30/2003	Locator         OPEID         Name         Begin Date         End Date           ●         11223300         University of Test 1         11/30/2003           ●         11223400         University of Test 2         11/30/2003	Locator         OPEID         Name         Begin Date         End Date         FYE Date           ●         11223300         University of Test 1         11/30/2003         12/31           ●         11223400         University of Test 2         11/30/2003         12/31





# **UDIT**











Text to Confirm save of the group by the User. this states that the "Edit" button returns the user to the School Group Page allowing the user to continue to edit the group and the "Accept" button adds the group to the eZ-Audit system.

# Group Page

Street Address: Name: School Group #1 101 University Street

Audit Type: Consolidated City: School City

2-Year: NO State: School State

> Zip: 12345

Phone Number: (321) 123-4567

#### CURRENT GROUP ENTRIES

Locator	OPEID	Name	Begin Date	End Date	FYE Date
X	11223300	University of Test 1	11/30/2003		12/31
	11223400	University of Test 2	11/30/2003		12/31
	11223500	University of Test 3	11/30/2003	12/15/2003	12/31



EDIT







Please select a School Group to Manage.

School Group #1

ADD

EDIT

DISPLAY

DELETE













Text to Confirm Deleteion of the Group by the User. This states that the "Cancel" button returns the user to the Goup Management Page and the "Delete" button deletes the group from the eZ-Audit system.

Group Page

Audit Type:

Name: School Group #1

Consolidated

2-Year: NO Street Address: 101 University Street

> City: **School City**

State: School State

Zip: 12345

Phone Number: (321) 123-4567

### CURRENT GROUP ENTRIES

ocator 💮	OPEID	Name	Begin Date	End Date	FYE Date
X	11223300	University of Test 1	11/30/2003	12/15/2003	12/31
	11223400	University of Test 2	11/30/2003	12/15/2003	12/31
	11223500	University of Test 3	11/30/2003	12/15/2003	12/31



CANCEL







Please select a School Group to Manage.

Group Name

ADD

**EDIT** 

DISPLAY

DELETE